

MORTON (Thos. S. K.)

A successful case of castration
for prostatic hemorrhage



A SUCCESSFUL CASE OF CASTRATION FOR PROSTATIC HEMORRHAGE AND HYPERTROPHY.

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M. W., aged 71 years, was admitted to the Pennsylvania Hospital, August 25, 1895. There was given a history of increasing difficulty in micturition extending over a considerable time and culminating in total retention. Attempts by a physician to relieve the bladder failed of their purpose, but originated alarming hemorrhage. Subsequently he was removed to the hospital.

Upon admission it was found that the man was still bleeding and had a greatly distended bladder. Ordinary instruments failed to pass the prostate, but finally a vertebrated catheter of large size gained admission and drew off the urine. Then it was proved by rectal examination that an enormously hypertrophied prostate existed. It was as large as an orange and exceedingly soft in consistency. The urine was black with decomposed blood, ammoniacal, and contained much pus and detritus. Hemorrhage ceased after catheterization, but recurred upon each subsequent introduction of the instrument. The difficulties attending the withdrawal of urine constantly increased until it became apparent that operative interference must be resorted to, or the man would speedily perish. It was decided, if consent could be obtained, to perform castration, and, if this failed, to do a cystotomy later. The experimental nature of the operation having been fully explained, and written consent of the patient and several of his relatives secured, the testicles were removed on August 28th. Although catheterization had to be continued, bleeding ceased

almost immediately after the operation and the urine began to clear up and become less decomposed. On August 30th, the urine was entirely free of blood, pus and all evidence of decomposition. Since then its condition has continued normal. On the second day after operation he began to pass a portion of his urine. This amount steadily increased until one week later there was no residual urine, and the use of the catheter was discontinued. Examination of the prostate by rectum at this time demonstrated its reduction in size to that of a hen's egg, and in consistency to that of the normal gland. The change was quite surprising. Following this, he passed through a period of partial incontinence which was ascribed to weak sphincteric action. This lack of control slowly improved, and in three weeks from the time of operation the action of the bladder had become normal.

On October 29th he was again examined, and found to be in excellent health. He could scarcely find expression for the relief that the operation had afforded him. He was urinating from four to six times a day, had no distress whatever, and was passing normal urine. The prostate was much smaller than when examined two weeks after operation and had become very dense in structure as well as insensitive.

Owing to the patient having repeatedly disarranged the dressings to scratch his wounds they both suppurated, but no harm resulted.



Presented by the author

